

RECD IN PRO SE OFFICE
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IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

Pauline Roche

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Coney Island Hospital
Woodhull Hospital
Merryland Clinic

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

25-cv-00983-NCM-JRC

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: ☐ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Pauline Roche</u>
Street Address	<u>2250 west 11 st 11c</u>
City and County	<u>Brooklyn</u>
State and Zip Code	<u>11223 NY</u>
Telephone Number	<u>347 478 29 78</u>
E-mail Address	<u></u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Woodhull medical</u>
Job or Title	<u>mental health health</u>
(if known)	
Street Address	<u>760 Broadway BKlyn</u>
City and County	<u>NY Brooklyn</u>
State and Zip Code	<u></u>
Telephone Number	<u></u>
E-mail Address	<u></u>
(if known)	

Defendant No. 2

Name	<u>Doreen Ornera</u>
Job or Title	<u>VNS work</u>
(if known)	
Street Address	<u></u>
City and County	<u></u>

State and Zip Code

Telephone Number

E-mail Address

(if known)

Defendant No. 3

Name

Job or Title

(if known)

Street Address City

and County State

and Zip Code

Telephone Number

E-mail Address

(if known)

Coney Island hospital
mental health

Brooklyn NY

Defendant No. 4

Name

Job or Title

(if known)

Street Address City

and County State

and Zip Code

Telephone Number

E-mail Address

(if known)

Mayra Urrutia
psych therapist
2846 Stillwell av
Brooklyn NY
11224
718 975 4888

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

I never have mental health
Racial indoctrination free exercise
clause by ~~inherent~~ in human treatment

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) Pauline Locke, is a citizen of the State of
(name) Pauline Locke.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the
laws of the State of (name) _____, and has its
principal place of business in the State of (name)
_____.

(If more than one plaintiff is named in the complaint, attach an additional page
providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) Coney Island Hospital is a citizen of the State
of (name) Coney Island. Or is a citizen of (foreign nation)
Hospital.

b. If the defendant is a corporation

The defendant, (name) Doreen Nomena is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) Vns work. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) Doreen Nomena

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

75,000 Racial indoctrination
with held info about poison
because ~~in human treatment~~ inhuman treatment
my have hiv

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

now about poison look away
im partial treatment because of rumor
prejury judgement of my case hear
my side

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

wrongfully misleading info put
in hospital say to the setup keep
money laundering attack me but because
my have hiv no care im sick with
hiv in human treatment of rumor

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Feb 20, 2025

Signature of Plaintiff

Printed Name of Plaintiff

Pauline Kogler
Pauline Kogler